## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/591865

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	2	-	0	-	0	1
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CLAIMS	11	Saan	0		0	

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER I"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	0	♣	0	🖊	0	•
TOTAL DEP.	0	<b>+</b>	0	<b>+</b>	0	<b>(</b>
TOTAL CLAIMS	0		0		0	

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